



SEROTONIN RECEPTOR AGONISTS (TRIPTANS) PA SUMMARY

PREFERRED	Imitrex (injection, nasal spray), Naratriptan (tablets), Rizatriptan (regular tablet), Sumatriptan tablets
NON-PREFERRED	Amerge, Alsuma, Axert, Dihydroergotamine nasal spray, Frova, Maxalt MLT, Migranal Nasal Spray (brand), Relpax, Rizatriptan ODT, Sumatriptan (injection, nasal spray), Sumavel DosePro, Treximet, Zomig (tablet, nasal spray, ZMT)

LENGTH OF AUTHORIZATION: 1 Year

NOTE: If generic rizatriptan ODT is approved, the PA will be issued for brand-name Maxalt MLT. If generic dihydroergotamine nasal spray is approved, the PA will be entered for brand-name Migranal Nasal Spray.

PA CRITERIA:

For Axert, Frova, Relpax, Zomig/ Zomig ZMT

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to at least two of the following: rizatriptan tablets, naratriptan tablets, and sumatriptan tablets.

For Amerge

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred products (rizatriptan tablets, sumatriptan tablets and naratriptan tablets) are not appropriate for the member.

For Sumatriptan Nasal Spray or Maxalt MLT (brand or generic rizatriptan ODT)

- ❖ Physician should explain why the member is unable to use rizatriptan tablets, sumatriptan oral tablets, or naratriptan tablets

AND

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred product, brand-name Imitrex nasal spray, is not appropriate for the member.

For Migranal Nasal Spray (brand or generic dihydroergotamine) or Zomig Nasal Spray

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to Imitrex nasal spray.

For Alsuma, Sumatriptan Injection, or Sumavel DosePro

- ❖ Physician should explain why the member is unable to use rizatriptan tablets, sumatriptan oral tablets or naratriptan tablets

AND

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred product, brand-name Imitrex injection, is not appropriate for the member.

For Treximet



- ❖ Physician should submit a written letter of medical necessity stating the reasons the preferred products (sumatriptan tablets and generic naproxen) are not appropriate for the member.

QLL CRITERIA FOR TRIPTAN TABLETS:

- ❖ An authorization to exceed the QLL of 9 tablets per 30 days may be entered for members who experience 8 or more severe headache days per month and are currently receiving prophylactic therapy for migraine headaches such as an anticonvulsant, antidepressant, beta-blocker, calcium channel blocker, or NSAID .

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.